



<http://www.vinpro.co.nz>

**CONFIDENTIAL**

*To be completed personally by applicant*

Application closure date  
if applicable: .....

## APPLICATION FOR EMPLOYMENT FORM

Note: the completion of this form does not indicate that there is any obligation on the company to engage the applicant.

**Please answer the following questions in relation to your application for employment, this will assist VinPro Ltd to assess your suitability for the position.** The questions being asked are relevant to the nature and type of work undertaken in VinPro Ltd and comply with the rights and obligations under legislation, including the Immigration Act 2009, the Health and Safety at work act 2015, Employment Act 2000 and the Human Rights Act 1993. The information will be used by VinPro Ltd to assess you for this purpose only.

**Please print**

### SECTION 1: GENERAL DETAILS

Position applied for: ..... Date: .....

#### ***Personal details***

Surname: .....

First names: .....

Home address: .....

Daytime contact phone no: .....

Evening contact phone no: .....

Mobile contact phone no: .....

E-mail address: .....

If successful, when might you start employment with VinPro?.....

Do you hold a current driver's license **Yes/No**

List any other license's held. ....

**SECTION TWO: QUALIFICATIONS AND EMPLOYMENT HISTORY**

**(If we have not received a CV with this information)** please list all formal qualifications you have achieved which are relevant to this position:

Qualification	Length of study (give dates)	Relevant papers/subjects

List any other relevant training that you have completed:

Course	Length of study (give dates)	Description

**Provide details of your present and previous employment. Please complete in full.**

Name and address of employer	From (date) to (date)	Position and main duties	Reason for leaving	May we contact this employer for a reference?	
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No

*(Please continue on a separate sheet of paper if necessary and attach to this application form).*

Have you ever been dismissed, or resigned as an alternative to being dismissed in previous employment?..... **Yes / No**

⇒ If yes, please give details: .....

### **SECTION THREE: LEGAL REQUIREMENTS**

Are you legally entitled to work in NZ?..... **Yes / No**

⇒ If yes, are you legally entitled to work because:

(a) You are a NZ Resident?..... **Yes / No**

(b) You have a Work Permit?..... **Yes / No**

(c) Other? (Please explain) .....

*If yes to (b), please attach a copy of your work permit with this application:*

Expiry Date of Work Permit: .....

## SECTION FOUR: DISABILITIES OR MEDICAL CONDITIONS

Note: The Human Rights Act 1993 defines disability as: physical disability or impairment; physical illness; psychiatric illness; intellectual or psychological disability or impairment; the presence in the body of organisms capable of causing illness; any other loss or abnormality of a body or mind function; and reliance on a guide dog, wheelchair or other remedial means, the presence in the body of organisms capable of causing illness.

- 4a Do you have any disability or medical condition that may affect your ability to fully and effectively carry out the tasks and responsibilities described in the job specification? .....  
**Yes / No**

⇒ If yes, please provide details (please include any services or facilities which would allow you to carry out this role satisfactorily?)

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- 4b Do you have, or have you had, any injury or medical condition caused by a gradual process, disease or infection — e.g., hearing loss, sensitivity to chemicals, occupational overuse syndrome (OOS), back injury or strain, asthma, allergies, stress-related conditions which may be aggravated by the function and responsibilities of the job for which you have applied?

**Yes / No**

⇒ If yes, please give details:

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- 4c Do you have any present or past injury for which you may or may not have claimed ACC and/or other insurance cover, which may be aggravated by the job you have applied for?

**Yes / No**

⇒ If yes, please give details:

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- 4d Do you agree to a hearing test prior to commencing employment? (VinPro will pay for this; This is to attain a hearing baseline and will not affect our decision on suitability for the position.)

**Yes / No**

- 4e Do you agree to having a random drug or alcohol screening should the company request this of you?

**Yes / No**

## SECTION FIVE: CRIMINAL AND BANKRUPTCY HISTORY

I understand that any record of criminal convictions I might have will automatically be concealed if I meet the eligibility criteria stipulated in Section 7 of the Criminal Records (Clean Slate) Act 2004.

5a Have you ever been convicted of any criminal offence, including matters relating to dishonesty, e.g., fraud, theft, misappropriation of funds, within the last seven years?  
**Yes / No**

5b Are you awaiting a hearing on any charges? ..... **Yes / No**

⇒ If you answered "Yes" to either 5a or 5b, please give details:

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5c Have you ever been declared bankrupt? ..... **Yes / No**

⇒ If "Yes" please give details:

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5d As a potential employer is there any other information VinPro should be aware of? If so, please give details:

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### Declaration and acknowledgement

This information is being collected to enable **VinPro Ltd** to assess your suitability for this position and will be used for this purpose only. If you fail or refuse to provide the information requested, then your application may be rejected by **VinPro Ltd**. If you provide false or inaccurate information, this will be considered serious misconduct and may result in dismissal should you be employed by **VinPro Ltd**. Please note that should you be successful this form will be retained on your personal file.

The Privacy Act provides you with the right to request access to and/or correct the personal information about you held by **VinPro Ltd**.

I ..... (full name) declare that to the best of my knowledge the information that I have provided is accurate, and complete, and I have not withheld any information which may have a bearing or any relevance to my application.

Signature: .....

Date: .....

### Evaluation of Recruitment Advertising:

*Please tell us how you found out about this position.*

Advertised in (please state which publication): .....

Word of mouth arising from advertising (please state which publication):  
.....

Other (please provide details):  
.....

## CONSENT TO CONTACT REFEREES FORM:

Applicant name:.....Signature: .....

Position being sought.....Date: .....

I ..... (Full name) consent to **VinPro** or its representative seeking verbal or written information on a confidential basis about me from representatives of my previous employers and/or referees and authorise the information sought to be released by them to **VinPro Ltd** for the purposes of ascertaining my suitability for the position I am applying for. I understand that the information received by **VinPro Ltd** is supplied in confidence as evaluative material and will not be disclosed to me. .... **Yes / No**

Name: .....

Current position: .....

Relationship: .....

Company: .....

Contact numbers: ..... (day)

..... (mobile or evening number if appropriate)

Name: .....

Current position: .....

Relationship: .....

Company: .....

Contact numbers: ..... (day)

..... (mobile or evening number if appropriate)

Name: .....

Current position: .....

Relationship: .....

Company: .....

Contact numbers: ..... (day)

..... (mobile or evening number if appropriate)